

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 097463092

APPLICANT(S)

CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
2	1						
3	2						
4	3						
5	7						
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TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							

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